Exhibit 5

May 8, 2020

TN Health Connections P.O. Box 305240 Nashville, TN 37230 – 5240

Attention: Item D Approvals

We are the dental provider for **Grace Healthcare of Decatur**.

We are submitting these Item-d approvals for our visits on 02/26/2020.

When you are finished processing these Item-d's, please mail or fax the enclosed itemized list with the effective dates and whether payments are split over several months.

If you should have any questions, please feel free to call me at 615-225-0972

Sincerely,

Lori Stephens Billing Director

MARQUIS MOBILE DENTAL SERVICES

REQUEST FOR ITEM D APPROVAL

FACILITY: Grace Health Care of Decatur

DATE OF SERVICE: 2/26/2020

Return Options: billing@caresmllc.com

FAX: 615-225-0963

P.O. Box 332640, Murfreesboro, TN 37133

	RESIDENT NAME	SS#	DOB	AMOUNT	Effective Month(s)
1				\$85.82	
2					
		Total		\$85.82	JN



Please Return Invoice with Payment

	1	
Invoice #:		
IVIV-100344-V013K4	Marquis Mobile Dental Services P.O. Box 332640 Murfreesboro, TN 37133	
	Patient Information	
	Grace Healthcare of Decatur	
1	PT:	
I	DOB:	
	SSN:	
	Facility Ph#: 423-334-3002	

Date of Service: 2/26/2020 Date of

Date of Invoice Generation: 5/8/2020

Item	Description	Price Each	Amount
D9310	Consultation/Gathering and review of patient's medical history, in use of proposed treatment modalities. Medical history information discussed between the nursing staff, the facility, and/or family members.		\$61.42
D0120			\$24.40

Total Amount: \$85.82 Payments/Credits: \$0.00 Balance Due: \$85.82

Dentist Name / License#: John Paffrath DS4216

If you have any questions, please feel free to contact our billing department at billing@caresmllc.com or 615-225-8913.

**Our prices are in accordance with the fee schedule provided by the Department of Human Services. Please notate the invoice number on any payments made. Thank you!

Dental Treatment Note

State: TN

Patient:

Marquis Mobile Dental Services

Provider: Dentist:

John Paffrath

Facility:

Grace Healthcare of Decatur

Periodic review of medical hx completed. IOE completed. (-) OCS. No images completed. No pain or Treatment Notes: discomfort noted by patient. Pt tolerated examination very well. Tissues are healthy. Adjusted F/F. F/F fits well.

Treatment Plan: Check-fit

Periodontal Involvement:

Tissue Status: Healthy

Gross Calculus:

No

Mental Status:

Cooperative

CDT:	Description:	Tooth:	Surface(s):	Quad:	Qty:
D9310	Consultation and review of patient's medical history in use of proposed treatment modalities				1
D0120	Periodic Oral Evaluation				<u>]1</u>

DocuSigned by:

Abundant line for a fee to liftle which is a construction on penal or Patient. े का अन्य good attitude adical services for and transfer medical, as and call confinels all modifical pervice, doing courrently Y 1 1 and the manageral newspapers. The Arms of this as hallered. Lanture Relines, impressions, New and Hallice . I file a season to the forej and the standard working Pagent with the consequences as say rick syponians war a ALL FORGER MARKET ે તા હૈ. કાકક્ષણ ના La la cale de General mobile di Gregoria. of address as a sufficienced physician supplier in the CSM but an independent licensed in the second of in a light carrier or open trench can providers at or care one or constron the vised to diagnosis, ្រ ស្ថានក្រក សង្គ្រា !1 and the foreign straining and collected white its 4. grade discours a laborativa gainst es sain cal oc 🗓 நார் புபாளில் பின்னையினர் எரு neces கூற புடி sent ******* street appointed chosen by CSM to 1.0 A STATE OF THE STA 劉彦光系 Elepha jeek coverous sand nooras -- ray the second terms of By second Maria et al 1800 antico estráción la chiacó the formation in the south appropriate and and 1 100% has the place thousing tach was sursing and the matter pend county for yours of disease 🖟 the first of the soft come, smooth a put broken